

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 20, 2019	2019_791739_0038	021706-19, 022971-19	Complaint

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**Licensee/Titulaire de permis**

Chartwell Master Care LP  
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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**Long-Term Care Home/Foyer de soins de longue durée**

Chartwell Royal Oak Long Term Care Residence  
1750 Division Road North KINGSVILLE ON N9Y 4G7

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JULIE DALESSANDRO (739), SAMANTHA PERRY (740)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): December 2, 3, 4, 5, 6, 9, and 10, 2019**

**During the course of this Complaint inspection the following intakes were completed:**

**Log #021706-19 related to heating in the home**

**Log #022971-19 related to missed baths**

**During the course of the inspection, the inspector(s) spoke with Personal Support Worker(s), Registered Practical Nurse(s), Housekeeping staff member(s), Maintenance staff member(s), The home's Environmental Services Manager, Associate Director of Care, and Administrator.**

**During the course of this inspection the inspector(s) also conducted record reviews as well as staff, resident and resident room observations relevant to the inspection.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Maintenance  
Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

An anonymous complaint was phoned into the Ministry of Long-Term Care Action Line

on a specific date, IL-71960-LO. Complainant had concerns regarding the air temperature in the home being too cold, specifically in resident rooms.

Record Review of the home's policy LTC-CA-WQ-200-07-05, titled Extreme Heat and Cold Weather Precautions, last revised in April 2019, stated in part that, air temperature would have been maintained at a minimum temperature of 22 degrees Celsius. The Policy also stated that, if the air temperature was less than 22 degrees Celsius the home's heating was to be adjusted and measures would have been taken to ensure the comfort and warmth of residents until appropriate air temperature was retained.

During an interview with maintenance staff member #103, they stated that the home had a thermostat in certain resident rooms and common rooms on each neighbourhood and those were the readings that were used for recording air temperature in the home. Maintenance staff member #103 also stated that the same rooms were checked every day each month. During the same interview, maintenance staff member #103 indicated that the way they had ensured that all resident rooms were at a comfortable temperature was that staff would have brought it to their attention if they thought the room was too cold and they would have written it in the maintenance log book on the neighbourhood. The maintenance log book would have been checked and the rooms indicated in the book as being cold would have been assessed and would have had a heater installed if needed.

During an interview with the home's Environmental Services Manager (ESM) #104, they stated that if a room was too cold then a heater was to be provided to the resident for that room. They stated that there was no assessment of room temperatures and that heaters were only provided if requested by the resident, family, or staff member.

During an observation on a specific date, Inspector #739 went into a specific room, which was not a monitored room, the room of resident #005. It was noticed that the room felt very cold in temperature. The inspector then returned to the room a few minutes later on the same day with the home's ESM #104. ESM #104 had an air temperature gun and the reading in the room had registered at 17.5 degrees Celsius. There was no heater in the room.

During an interview with PSW #106 they stated that they had provided care to resident #005 and the room was very cold. They also stated that they had not put a request in the maintenance care log for a heater to have been installed in that room.

During an interview with the home's Administrator #105, they acknowledged that a temperature of 17.5 meant that the home did not meet the minimum temperature of 22 degrees Celsius for resident #005's room. Administrator #105 also stated that the expectation would have been that staff reported rooms that were cold in temperature so that appropriate follow-up could have been conducted. [s. 21.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that each resident of the home was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. Specifically, residents #004, #006, #007 and #008 had not received, at a minimum, their bath twice a week.

During the course of Critical Incident Inspection #2019\_791739\_0039, which commenced on a specific date, while conducting unrelated interviews, several concerns were brought to the attention of Inspector #739 and #740 regarding residents in the home not receiving their baths as scheduled. One day after the inspection commenced a complaint was called into the Ministry of Long-Term Care Infoline, IL-72571-LO. The complainant stated that they were concerned that residents were not receiving their baths twice a week.

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On December 06, 2019 one resident from each of the five home neighbourhoods was randomly picked from Point Click Care (PCC).

On December 10, 2019 review of the home's policy related to bathing was requested and the home was unable to provide a policy.

A) Review of resident #004's care plan and Kardex in Point Click Care (PCC) documented specific interventions related to bathing.

Review of resident #004's bathing schedule, as per the "DAYS BATH LIST" found at the nursing station documented the following:

- The legend at the bottom of the page, under the heading "Legend", states "(T) = tub bath, (S) = Shower, (SB) = Sponge Bath"
- "A specific day of the week, resident #004 (T)"
- "A specific day of the week, resident #004"

Review of resident #004's Documentation Survey Reports V2 for two different months documented the following:

- "NA" means "Not applicable", as documented in the legend of the Chartwell Royal Oak Long Term Care Residence Documentation Survey Report V2 as per the "System Response available for all questions: RR- Resident Refused NV- Resident Not Available NA- Not Applicable"
- On a specific date staff member # 100 documented, "NA, NA"
- On a specific date staff member #100 documented, "NA, NA"
- No "as necessary" baths were documented to make up for either of resident #004's missed baths.

Review of resident #004's progress notes documented the following:

- No progress note related to bathing was documented in the resident's chart.

On a specific date Personal Support Worker (PSW) #100 said that N/A meant that they did not have a chance to get to resident #004's bath that day, likely due to a lack of staffing. PSW #100 said that the resident often refused, but if they had refused they would have marked refused to document a resident refusal.

B) Review of resident #006's care plan and Kardex in Point Click Care (PCC) documented specific interventions related to bathing.

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Review of resident #006's bathing schedule, as per the "DAYS BATH LIST" found at the nursing station documented the following:

- The legend at the bottom of the page, under the heading "Legend", states "(T) = tub bath, (S) = Shower, (SB) = Sponge Bath"
- "A specific day of the week, resident #006 (T)"
- "A specific day of the week, resident #006 (T)"

Review of resident #006's Documentation Survey Reports V2 (DSRV2) for a specific month documented the following:

- On a specific date, staff member #114 documented "NA, NA".
- No "as necessary" bath was documented to make up for resident #006's missed bath.

Review of resident #006's progress notes documented the following:

- No progress note related to bathing was documented in the resident's chart.

On a specific date Personal Support Worker (PSW) #114 said that they were familiar with resident #006 and that "NA" was the code they used to document that the resident's bath did not occur.

C) Review of resident #007's care plan and Kardex in Point Click Care (PCC) documented specific interventions related to bathing.

Review of resident #007's bathing schedule, as per the "DAYS BATH LIST" found at the nursing station documented the following:

- The legend at the bottom of the page, under the heading "Legend", states "(T) = tub bath, (S) = Shower, (SB) = Sponge Bath"
- "A specific day of the week, resident #007"
- "A specific day of the week, resident #007"

Review of resident #007's Documentation Survey Reports V2 documented the following:

- On a specific date staff member # 111 documented, "NA, NA".
- No "as necessary" bath was documented to make up for resident #007's missed bath.

Review of resident #007's progress notes documented the following:

- No progress note related to bathing was documented in the resident's chart.

On a specific date Personal Support Worker (PSW) #111 said that they were familiar with

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resident #007, that all residents should have received a bath of their preferred method at a minimum twice a week and that not all residents were receiving their bath twice a week. When asked how PSW #111 would document when a resident has not received their scheduled bath, the PSW said they used the code "NA" (not applicable). When asked what the PSW would document if a resident refuses a bath, PSW #111 said that they would document "RR", which meant "Resident Refused" and would re-approach as able throughout their shift depending on how busy they were. They would then report to the Registered Practical Nurse (RPN) that a bath was missed and write the resident's name on the 24-hour report to document the missed the bath. PSW #111 said that the 24-hour report was also used to make sure the afternoon shift PSWs knew about the missed bath, so they could make it up if time allowed. PSW #111 said that if there were no "as necessary" baths documented for resident #007, then that meant that no make-up baths were completed.

D) Review of resident #008's care plan and Kardex in Point Click Care (PCC) documented specific interventions related to bathing.

Review of resident #008's bathing schedule, as per the "DAYS BATH LIST" found at the nursing station documented the following:

- The legend at the bottom of the page, under the heading "Legend", states "(T) = tub bath, (S) = Shower, (SB) = Sponge Bath"
- "A specific day of the week, resident #008"
- "A specific day of the week, resident #008 (Shower)"

Review of resident #008's Documentation Survey Reports V2 documented the following:

- On a specific day staff member #112 documented, "NA, NA".
- No "as necessary" bath was documented to make up for resident #008's missed bath.

Review of resident #008's progress notes documented the following:

- No progress note related to bathing was documented in the resident's chart.

On a specific date Personal Support Worker (PSW) #112 said that "NA" meant that they did not have a chance to get to the bath that day, it meant a bath did not happen for resident #008.

On a specific date Assistant Director of Care (ADOC) #115 said that they were familiar with residents #004, #006, #007 and #008. The ADOC reviewed PCC and said that resident #004 did not receive their baths as scheduled on two separate dates, there were



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no progress notes documented on either of those days and no "as necessary" baths were documented either. Resident #006 did not receive their bath as scheduled on a specific date, there was no documented progress note for that day and the resident did not receive an "as necessary" bath. Resident #007 did not receive their bath as scheduled on two separate days, there was no progress note documented on either of those days and no "as necessary" baths were documented either. Resident #008 did not receive their bath as scheduled on a specific date, there was no progress note documented on that day and no "as necessary" bath was documented either. ADOC #115 said that the scheduled baths for all four residents were missed and there were no "as necessary" baths documented, the residents did not receive, at a minimum, two baths per week and should have.

On December 10, 2019 Administrator #100 said that it was their expectation that all the residents living in the home received, at a minimum, two baths per week and that a full complement of PSW staffing would have been four PSWs per neighbourhood for the day and afternoon shifts. If there were only three PSWs for the shift, it was the Administrator's expectation that the registered staff were to support the PSWs, and if there were only two PSWs working then a PSW from another neighbourhood would have assisted in two neighbourhoods. Administrator #100 said it was still their expectation that the baths would have been completed.

The licensee failed to ensure that resident #004, #006, #007 and #008 was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements. [s. 33. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

**Issued on this 20th day of December, 2019**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**